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FEB 09 2011

KCC WICHITA

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

2/7/13

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33397
Name: Running Foxes Petroleum, Inc.
Address 1: 7060B S. Tucson Way
Address 2: _____
City: Centennial State: CO Zip: 80112 + _____
Contact Person: Kent Keppel
Phone: (720) 889-0510
CONTRACTOR: License # 34430
Name: CST Oil & Gas Corporation
Wellsite Geologist: Chad Counts
Purchaser: _____

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Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>12-15-2010</u>	<u>12-16-2010</u>	<u>1-4-2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 011-23758-00-00
Spot Description: 6 25 24
SW NE NE SW Sec. 36 Twp. 24 S. R. 28 East West
2,030 Feet from North / South Line of Section
2,080 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: GROSS Well #: 11-6A Inj3
Field Name: Devon

Producing Formation: Bartlesville
Elevation: Ground: 885' Kelly Bushing: _____
Total Depth: 438' Plug Back Total Depth: 438'
Amount of Surface Pipe Set and Cemented at: 20' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: Landman Date: 2-3-2011

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 2/7/11 - 2/7/13
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: [Signature] Date: 2-7-11

Operator Name: Running Foxes Petroleum, Inc. Lease Name: Gross Well #: 11-6A Inj3
 Sec. 36 Twp. 24 S. R. 23 East West County: Bourbon

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray / Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center;"> RECEIVED FEB 09 2011 KCC WICHITA </div>
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.625"	7.0"	15 lbs	20'	Quickset	5	Quickset
Production	5.875"	2.875"	6.5 lbs	438'	Quickset	55	4% Kol-Seal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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EB 09 2011 Hurricane Services, Inc.
P.O. Box 782228
KCC WICHITA Wichita, KS 67278-2228

Cement, Acid or Tools
Service Ticket
4282

MC ID # 16529U
Shop # 620 437-2661
Cellular # 620 437-7582
Office # 316 685-5908
Office Fax # 316-685-5926
Shop Address: 3613A Y Road
Madison, KS 68860

DATE 1-14-11

COUNTY BOUCCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. John Grass # 11-6A JAW-3 CONTRACTOR _____

KIND OF JOB Logging SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____

OLD NEW

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Quantity	MATERIAL USED	Serv. Charge	
			750.00
55 sks	Quick Set cement		907.50
220 lbs	KOI-SEAL 4" 1 1/2" SK		99.00
150 lbs	Gel > Flush Ahead		37.50
2 Hrs	water Truck #105		160.00
2 Hrs	water Truck #102		160.00
	Mileage on Trk #270		135.00
3.21 Trk	BULK TRK. MILES		317.79
90	PUMP TRK. MILES		270.00
	Rental or wire line		50.00
1	PLUGS 2 7/8" Top Rubber		23.00
		7.32 SALES TAX	77.89
		TOTAL	2987.68

T.D. 438'

CSG. SET AT _____ VOLUME _____

SIZE HOLE _____

TBG SET AT 438' VOLUME 2 1/2 Bbls.

MAX. PRESS. _____

SIZE PIPE 2 7/8"

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Big up to 2 7/8" tubing, Break circulation with fresh water, 7 BH Gel Flush, Circulate Gel around To condition Hdr. Mixed 55 sks Quick Set cement w/ 4" KOI-SEAL. Shut down - wash out Pump lines Release Plug - Displace Plug with 2 1/2 Bbls water - Final Pumping @ 300 PSI - Pumped Plug To 1000 PSI close Tubing in w/ 1000 PSI Good cement returns w/ 2 1/2 BH slurry

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. #201
Brad Butler
HSI REP.

NAME Regis #202, Tim #105, James #102
OWNER'S REP.

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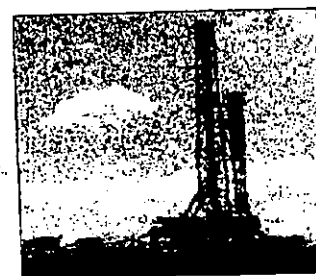
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CST Oil & Gas



Operator: *RFP* Well: *J-Gross* *11-6A INS 3*

Depth	Formation	Remarks	Casing Tally
0-6	<i>Soil & clay</i>	<i>SPUD 12-15-10</i>	31.10
6-15	<i>SHALE</i>		31.10
15-41	<i>LIME</i>		28.65
41-85	<i>SHALE</i>		30.95
85-103	<i>LIME</i>	<i>20'</i>	31.80
103-108	<i>SHALE</i>		31.20
108-113	<i>LIME</i>	<i>3'</i>	32.10
113-220	<i>SHALE</i>		30.85
220-222	<i>LIME</i>	<i>ARDMORE</i>	30.65
222-395	<i>SHALE</i>		32.20
395-413	<i>oil sand</i>	<i>Broken Good Show</i>	30.35
413-438	<i>Shale</i>		30.40
438	<i>MISS</i>		31.15
		<i>DONE 12.16-10</i>	30.35
			<i>432.85</i>